

213047295
11116

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 030	Agency Case No. B3-114963	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/13/2013		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY 12/13/2013	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1950	POLICE NOTIFIED 1951		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Vine St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.			
D	IF AT INTERSECTION						IF NOT AT INTERSECTION
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	39.00						East curb of 32nd St
10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN		
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
E	VEHICLE NO. 1						
1	DRIVER LICENSE NO.	H13304024			STATE (Of License)	NE	
V1/N	DRIVER	PAVEL LUKASHEV			PHONE	4022019070	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	12/01/1974	
1	OWNER	PAVEL LUKASHEV			PHONE	4022019070	
G	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	LB406555	
2	LICENSE PLATE	PA NO.	SHL434	YEAR (Plate Expires)	2014	STATE (Of Plate)	NE
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE
2	VEHICLE ID NO. (VIN)	1999	Hyundai	Elantra	Station wagon	gray	<input type="radio"/> TOALED \$ 800
V2/O	TOWED TO	TOWED BY			INSURANCE COMPANY	State Farm Ins	
1	POLICY NO.			0483002F1227A			
I	VEHICLE NO. 2						
1	DRIVER LICENSE NO.	H13511986			STATE (Of License)	NE	
V1/P	DRIVER	AARON M DECKER			PHONE	4026509918	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	12/22/1992	
1	OWNER	PAUL L DECKER			PHONE	4023318841	
J	OWNER ADDRESS	CITY, STATE, ZIP			CITATION	05-05-1964	
01	LICENSE PLATE	PA NO.	TBL084	YEAR (Plate Expires)	2014	STATE (Of Plate)	NE
V1/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE
4	VEHICLE ID NO. (VIN)	2008	Toyota	Corolla	4 door Sedan	silver / chrome	<input type="radio"/> TOALED \$ 200
K	TOWED TO	TOWED BY			INSURANCE COMPANY	Farmers	
01	POLICY NO.			189030878			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	

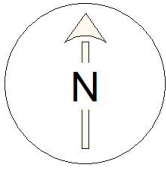
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-114963

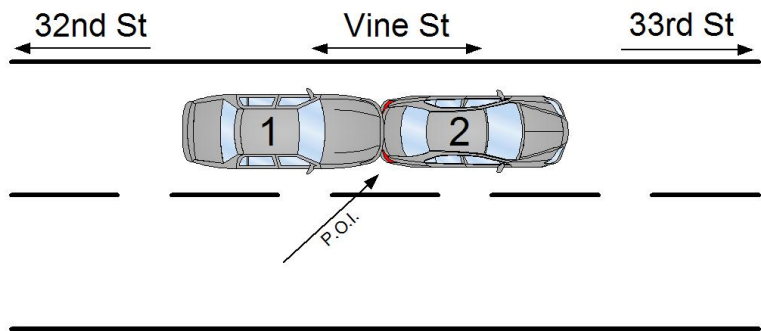


Indicate
North
by Arrow



**Not To Scale
Measurements Are Approximate**

**39' East of East curb of 32nd St
13' North of South curb of Vine St**



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 reported he was EB on Vine St, in the inside lane of traffic approaching 33rd St, directly behind V2. D1 stated traffic ahead of him came to a stop so he braked but collided with the rear bumper of V2. D2 reported he was EB on Vine St in the outside lane of traffic when V1 collided with his rear bumper. D1 was cited and released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS PHONE				
	NAME ADDRESS PHONE				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	2
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												
1			X		Vine St												
2			X		Vine St												
1	01				06 Turning left	POINT OF IMPACT	01	POINT OF IMPACT	05								
2	11				08 Entering traffic lane	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05								
01 Essentially straight ahead					09 Leaving traffic lane					02		03		04			
02 Backing					10 Parked					01		05		08		06	
03 Changing lanes					11 Slowing or stopped in traffic												
04 Overtaking/ Passing					12 Other												
05 Turning right					13 Unknown												

OFFICER NO. 1704	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Angela Morehouse		INVESTIGATOR SIGNATURE Approved by Officer Angela Morehouse	
DATE OF REPORT 12/13/2013			